

Fewer and Less Severe Angina Attacks

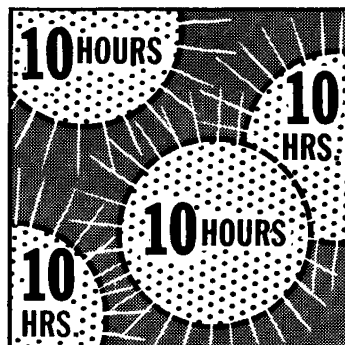
with nitroglycerin in a unique form—Micro-Dialysis Cells

Cardiologists generally agree that nitroglycerin is the single most valuable drug for use in angina. This unique micro-dialysis cell is available in a diffusion-membrane, controlled, continuous-action capsule that prophylactically provides medication *thirty times longer* than a single sublingual tablet. It is called NITRO-SPAN (brand of nitroglycerin). It does not take the place of the sublingual tablet during an acute anginal episode.

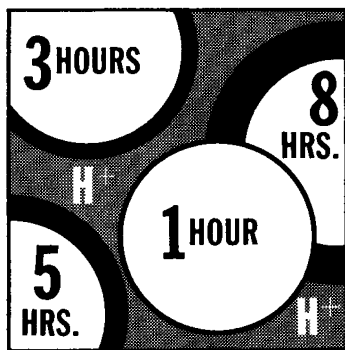
However, NITRO-SPAN is a timed-release medication that provides accurate, reliable, consistent, 10 to 12-hour treatment. Result: *fewer and less severe angina attacks.*

Unlike conventional disintegration tablets, NITRO-SPAN diffusion-membrane pellets act independently of pH, enzymatic action, or any other gastrointestinal functions. Because these functions vary from patient to patient, and even in the same patient at different times, the action of the disintegration tablet can produce erratic and unpredictable results.

On the other hand, NITRO-SPAN incorporates a remarkable principle in the pharmacodynamics of timed-release medication. The nitroglycerin is enclosed in a dialyzing membrane of controlled permeability. Each pellet is, in fact, a "MICRO-DIALYSIS CELL" which releases its contents over an entire 10 to 12-hour period, making possible a release rate not otherwise attainable.



Micro-dialysis cells are identical. Do not depend on body processes. Thus release rates are consistent.



Disintegration coatings of various thicknesses depend on variable body processes. Release rates can be unpredictable.

Each NITRO-SPAN capsule provides 2.5 mg. of nitroglycerin, U.S.P., processed to release uniformly over a 10 to 12-hour period.

Clinical indications: Prophylactic use only in angina pectoris.

Dosage: One capsule before breakfast, one capsule at bedtime (at 12-hour intervals).

Contraindications: Early myocardial infarction. Caution: These capsules are intended for prophylactic use only. For the relief of an acute anginal attack the sublingual nitroglycerin tablets should be used. Federal law prohibits dispensing without prescription.

Precautions: Overdosage may cause transient headache.

NITRO-SPAN®
brand of nitroglycerin in micro-dialysis cells

Ethispan, Inc.
777 Third Avenue
New York 17, N. Y.



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AFEBRILE
AND
AFFABLE
and a happy
return from
pneumonia**

when the invader
is tetracycline-sensitive

the "extra" benefits
raise the level of antibiotic control
DECLOMYCIN[®]
DEMETHYLCHLORTETRACYCLINE

tasty, cherry flavor
SYRUP & DROPS

ALSO AVAILABLE IN CAPSULES

the distinctive advantages of DECLOMYCIN

- include the option of b.i.d. dosage
- lower mg. intake (per dose and per day)
- 1-2 days' "extra" activity to protect against relapse and secondary infection

Side Effects typical of tetracyclines which may occur: glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis, dermatitis, overgrowth of nonsusceptible organisms. Also, photodynamic reaction (making avoidance of direct sunlight advisable) and, very rarely, anaphylactoid reaction. Reduce dosage in impaired renal function. The possi-

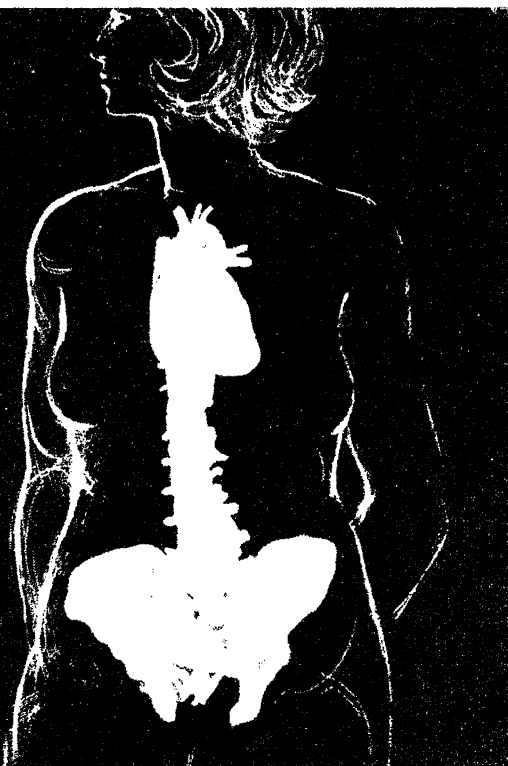
bility of tooth discoloration during development should be considered in administering any tetracycline in the last trimester of pregnancy, in the neonatal period, and in early childhood. Increased intracranial pressure is a possibility in early infancy.

Syrup: 75 mg. per 5 cc. tsp., bottles of 2 and 16 fl. oz.

Pediatric Drops: 60 mg. per cc., bottle of 10 cc. with dropper.

Average Dosage for Infants and Children: 3 to 6 mg. per pound body weight per day, divided into 2 or 4 doses, depending on severity. Calcium-containing food or drugs should not be given within one hour before or two hours after a dose.

long preferred
in the
menopause...
and throughout
the
later years



Premarin®

BRAND OF

conjugated estrogens (equine)

Estrogen has long been employed as replacement therapy in the menopause and in such clinical disorders as postmenopausal osteoporosis and senile vaginitis. A fuller recognition of estrogen as the "metabolic strength" of women—of its beneficial effect on practically every system, organ, and tissue of the body—provides a scientific basis for the wider acceptance of the concept that estrogen administration should be continued beyond the limits of the actual menopause for its protective influence on vital processes, notably cardiovascular, bone and protein, and cellular metabolism.¹⁻⁶ This may be done rationally and safely, using the vaginal smear as a practical and reliable guide to management.⁷ Wilson⁸ concurs with earlier findings that there is no cancer risk with long term estrogen therapy.

Effectiveness: Specific for estrogen replacement therapy in the menopause and postmenopause. **Usual dosage:** 1.25 mg. daily. Increase or decrease as required. **Caution:** *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period). *In the male:* Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.



AYERST LABORATORIES New York 17, N.Y. • Montreal, Canada (References available on request.)

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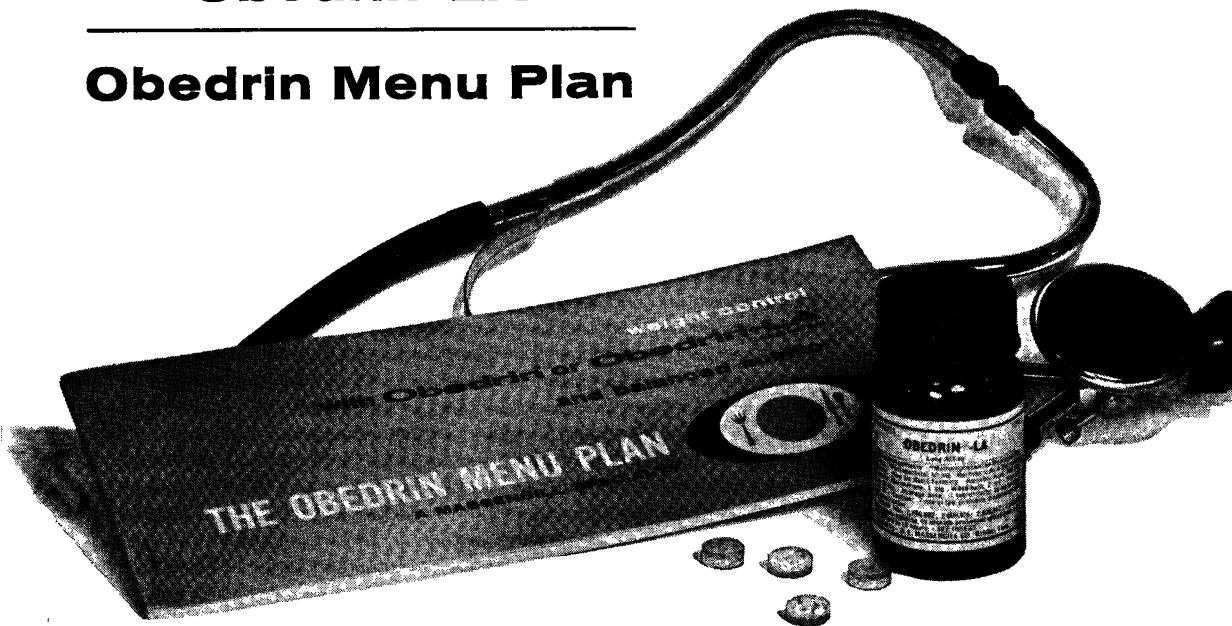
Needs
A

FOR THE PATIENT WHO REALLY WANTS TO LOSE WEIGHT...

Your Supervision

Obedrin-LA

Obedrin Menu Plan



The success of practically any weight control plan depends on the patient's attitude. An understanding of the underlying causes of food craving and a strong willingness to solve the problem of overweight are necessary. Lack of this attitude explains the infrequent success of many ventures in weight control.

For your patient who really needs to lose weight, this program is most effective:

***PHYSICIAN SUPERVISION**—to plan a safe, effective and individually tailored route for weight loss, with frequent physical checkups to uncover any elements which may change the plan.

***OBEDRIN-LA**—not just an anorectic, Obedrin-LA covers a wide range of needs from vitamin supplementation and tissue fluid mobilization to appetite suppression and mood elevation in one convenient,

all-day, optimum level, "trickle release" form.

***OBEDRIN MENU PLAN**—a common sense diet that solves the problem of calorie-counting while encouraging sustained good eating habits after weight reduction is accomplished.

Dosage is 1 tablet daily, usually at 10 a.m.

Supplied in bottles of 50 and 250 tablets, on prescription only.

Caution: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage. Use with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such instances, withdrawal of the medication is necessary. All medication should be used with caution in pregnant patients, especially in the first trimester.

Obedrin®-LA*

Long-Acting
"TRICKLE RELEASE" TABLETS

Each tablet contains: Methamphetamine HCl*, 12.5 mg.; Pentobarbital*, 50 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Nicotinic Acid (Niacin), 10 mg.

*U.S. Pat. Nos. 2,736,682; 2,809,916; 2,809,917; 2,809,918 and pat. pend.

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doesn't have
to be in
the Masters
to get sprains
and strains**

**'Soma' Compound helps
relieve pain and relax muscle
in many musculoskeletal
disorders. Patient comfort
can be increased and
recovery time shortened.**

Soma[®] Compound

carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg.

**rational combination therapy for most patients with strains and sprains:
relaxes muscle, relieves pain**

Also available as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

(Warning: Codeine may be habit-forming)

Indications: 'Soma' Compound and 'Soma' Compound with Codeine are useful for relief of pain and stiffness in traumatic, rheumatic and other conditions affecting muscles and joints.

Contraindications: Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate.

Precautions: *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate.

Side effects: Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are

nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression.

Dosage: Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime.

Supplied: 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required.

Before prescribing, consult package circular.



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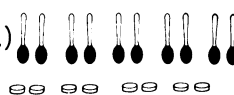
Recommended Dosage of Lomotil Liquid to Control Diarrhea

*File ✓
Diarrhea*

LOMOTIL®

Age

INITIAL LOMOTIL LIQUID DOSAGE*

3-6 mo.	1/2 tsp. t.i.d. (3 mg.)	
6-12 mo.	1/2 tsp. q.i.d. (4 mg.)	
1-2 yr.	1/2 tsp. 5 times daily (5 mg.)	
2-5 yr.	1 tsp. t.i.d. (6 mg.)	
5-8 yr.	1 tsp. q.i.d. (8 mg.)	
8-12 yr.	1 tsp. 5 times daily (10 mg.)	
Adult	2 tsp. 5 times daily (20 mg.) (or 2 tablets q.i.d.)	

*Based on 4 cc. per average teaspoonful.

Note: After diarrhea is controlled the initial dosage can usually be reduced to meet the requirements of the individual patient.

LOMOTIL® TABLETS/LIQUID

Each tablet and each 5 cc. of liquid contains:

diphenoxylate hydrochloride 2.5 mg.

(Warning: May be habit forming)

atropine sulfate 0.025 mg.

Precautions

Lomotil is an exempt narcotic preparation of very low addictive potential. Recommended dosages should not be exceeded. Lomotil should be used with caution in patients with impaired liver function and in patients taking addicting drugs or barbiturates.

Cautions and Side Effects

Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness and insomnia.

Lomotil is a brand of diphenoxylate hydrochloride with atropine sulfate; the subtherapeutic amount of atropine is added to discourage deliberate overdosage.

SEARLE

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'PERAZIL'[®] brand **CHLORCYCLIZINE HYDROCHLORIDE**

USES: Relieves the symptoms of sneezing, "incessant" itching, inflamed eyes, rhinorrhea, itching eyes, nose and throat, associated with:

*Hay Fever • Pollenosis • Pruritus
• Urticaria • Vasomotor Rhinitis •
Allergic Dermatitis • Drug Sensitivity*

ADVANTAGES: Both prompt and prolonged in effect, providing symptomatic relief lasting 12 to 24 hours from a single dose.

PRECAUTION: When drowsiness does occur, it is generally mild and the usual precautions should be observed. No toxic effects related to either the blood-forming

organs or the cardiovascular system are produced.

DOSAGE: Adults and children over 8 years, 50 mg. once or twice daily as required. The dose may be increased in severe cases.

Children from 2 to 8 years, 25 mg. (one sugar-coated tablet) once daily.

Infants up to 2 years, 12½ mg. (one quarter of a 50 mg. tablet) crushed and mixed with a spoonful of jam or syrup.

SUPPLIED: Tablets of 25 mg., sugar-coated, bottles of 100 and 1000; Tablets of 50 mg., scored, bottles of 100 and 1000.

Complete literature available on request
from Professional Services Dept. PML.



BURROUGHS WELLCOME & CO. (U. S. A.) INC., Tuckahoe, New York



Edema

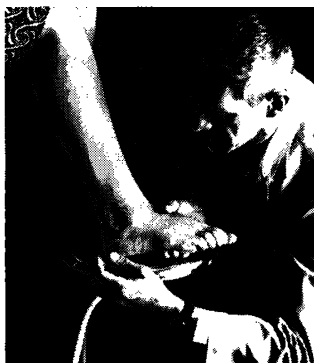


Essential hypertension



Toxemia of pregnancy

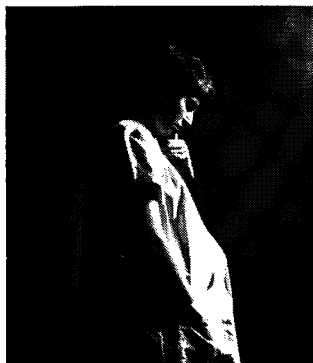
***In edematous conditions . . . brisk diuresis
with the convenience of once-daily dosage***



Congestive heart failure



Liver cirrhosis



Excessive weight gain of pregnancy

Anhydron® is useful in edema associated with premenstrual tension, toxemia of pregnancy, and cirrhosis of the liver and in congestive heart failure and mild hypertension. It is also a valuable adjunct to other antihypertensive agents. Anhydron® K (each tablet containing 2 mg. cyclothiazide and 500 mg. potassium chloride) is indicated when potassium supplementation is desirable. Anhydron® KR (each tablet containing 2 mg. cyclothiazide, 500 mg. potassium chloride, and 0.25 mg. reserpine) is indicated for reduction of arterial hypertension when further supplementation with reserpine is desirable.

Contraindications, Precautions, and Side-Effects: Like other thiazides, Anhydron may elevate serum uric acid levels in some patients and produce a decrease in glucose tolerance. It should not be used in severe renal impairment. Injudicious use of Anhydron may result in sodium and

potassium depletion. In hypertensive patients, lightheadedness and weakness upon standing, extensive orthostatic hypotension (usually associated with tachycardia), and a rising blood urea nitrogen or nonprotein nitrogen may indicate overdosage. If side-effects occur, dosage should be reduced or discontinued. Side-effects and contraindications of Anhydron apply to Anhydron K and Anhydron KR. Side-effects of reserpine include mental depression, nasal stuffiness, lassitude, laxative effect, sense of fullness in the abdomen, nightmares, and reduction in libido and potency. Reserpine should be used cautiously in patients with a history of mental depression, peptic ulcer, or ulcerative colitis.

ANHYDRON®
CYCLOTHIAZIDE



500280

Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis 6, Indiana.

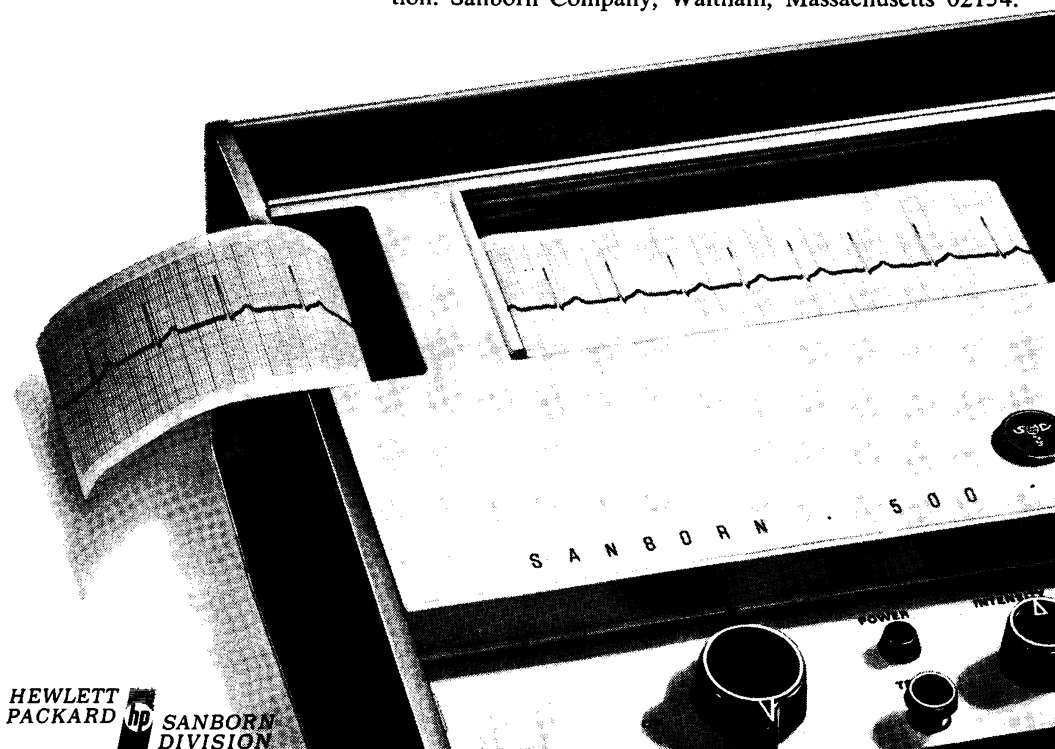
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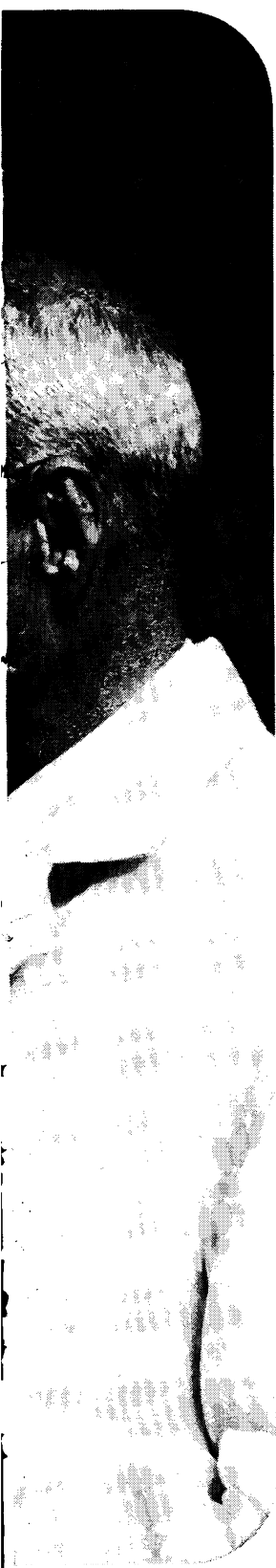


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■ The high safety-efficacy ratio of 'Miltown' has been demonstrated by more than a decade of clinical use.

Indications: 'Miltown' (meprobamate) is effective in relief of anxiety and tension states. Also as adjunctive therapy when anxiety may be a causative or otherwise disturbing factor. Although not a hypnotic, 'Miltown' fosters normal sleep through both its anti-anxiety and muscle-relaxant properties.

Contraindications: Previous allergic or idiosyncratic reactions to meprobamate or meprobamate-containing drugs.

Precautions: Careful supervision of dose and amounts prescribed is advised. Consider possibility of dependence, particularly in patients with history of drug or alcohol addiction; withdraw gradually after use for weeks or months at excessive dosage. Abrupt withdrawal may precipitate recurrence of pre-existing symptoms, or withdrawal reactions including, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, the dose should be reduced and operation of motor vehicles or machinery or other activity requiring alertness should be avoided if these symptoms are present. Effects of excessive alcohol may possibly be increased by meprobamate. Grand mal seizures may be precipitated in persons suffering from both grand and petit mal. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side effects: Drowsiness may occur and, rarely, ataxia, usually controlled by decreasing the dose. Allergic or idiosyncratic reactions are rare, generally developing after one to four doses. Mild reactions are characterized by an urticarial or erythematous, maculopapular rash. Acute nonthrombocytopenic purpura with peripheral edema and fever, transient leukopenia, and a single case of fatal bullous dermatitis after administration of meprobamate and prednisolone have been reported. More severe and very rare cases of hypersensitivity may produce fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, anaphylaxis, stomatitis and proctitis. Treatment should be symptomatic in such cases, and the drug should not be reinstituted. Isolated cases of agranulocytosis, thrombocytopenic purpura, and a single fatal instance of aplastic anemia have been reported, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity has been reported, usually after excessive meprobamate dosage. Suicidal attempts may produce lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.

Usual adult dosage: One or two 400 mg. tablets three times daily. Doses above 2400 mg. daily are not recommended.

Supplied: In two strengths: 400 mg. scored tablets and 200 mg. coated tablets.

Before prescribing, consult package circular.

Miltown[®]

(meprobamate)

 WALLACE LABORATORIES / Cranbury, N.J.

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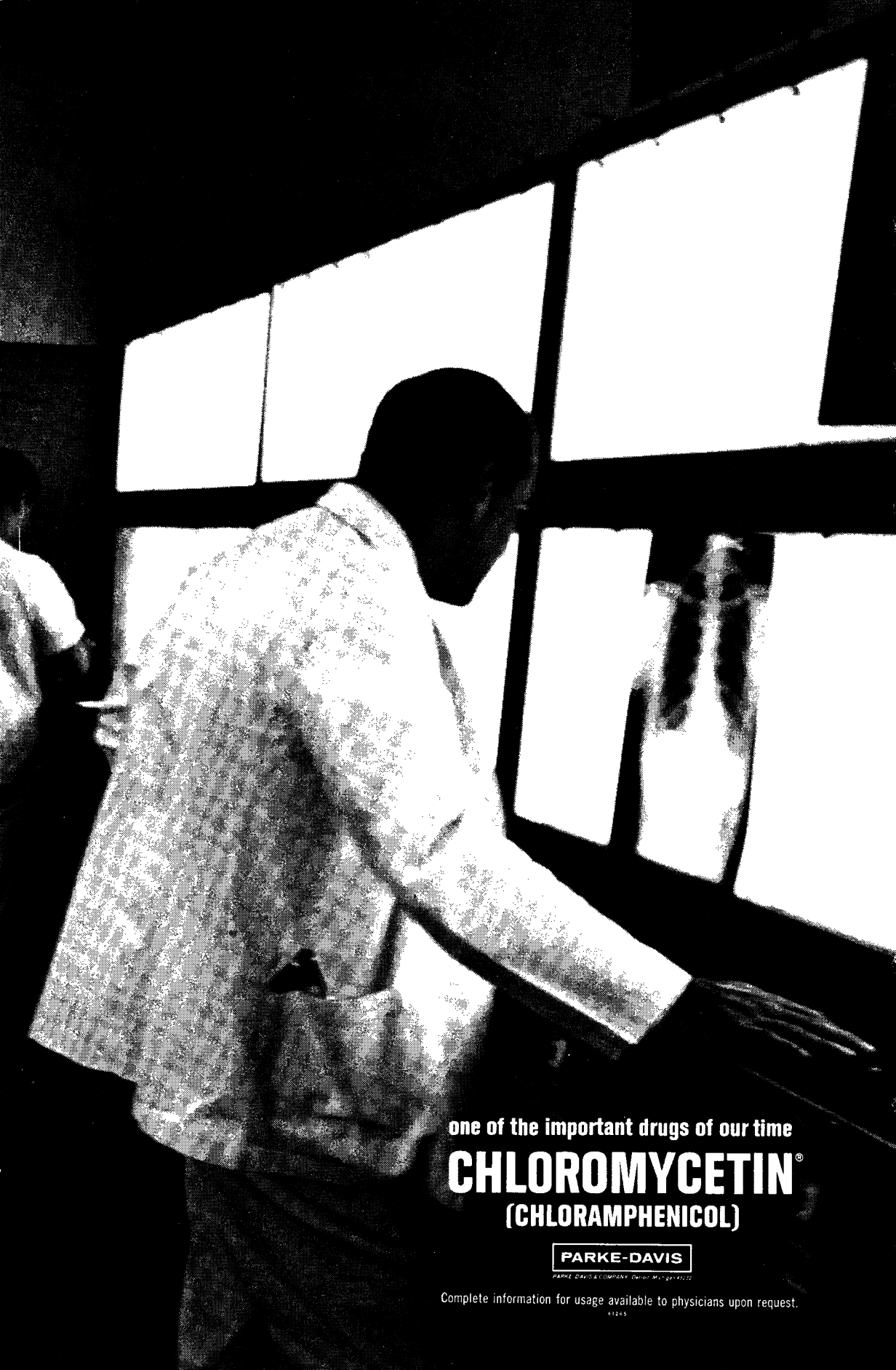
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Preview of Reprints to Appear in 1965

CANNON, W. B.

Way of an Investigator; a scientist's experiences in medical research. 1945 (Reprint 1965) \$5.50

"... An essential handbook for anyone who plans to enter a career of scientific research." Bernard Jaffe

ZIPF, G. K.

Human Behavior and the Principles of least Effort; an introduction to human ecology. 1949 (Reprint 1965) \$11.50

Reports the results of extended inquiry which led to the disclosure of some fundamental principles that seem to govern important aspects of our behavior.

HERRATH, E. V.

Atlas of Histology (Normal Microscopic Anatomy of Man). Trans. by C. H. Keysser & P. H. Bartels. 1st English ed. based upon the 2nd German ed. 172 pages, 463 plates (mostly colored). 1965 \$22.50

From the original German edition of this work 40 outdated illustrations have been dropped. More than 120 new illustrations some colored have been added to enhance the recognized value of this definitive work.

CHARNWOOD, J. R. B.

Essays in Binocular Vision. 118 pages, 26 illus. 1950 (Reprint 1965) \$3.50

Interesting and stimulating reading to anyone interested in the field of Optometry, sense psychology and experimental psychology.

OGLE, K.

Researches in Binocular Vision. 345 pages, 182 illus. 1950 (Reprint 1965) \$13.75

The new appended bibliography of reference to pertinent papers that have been published since 1949 will aid greatly in the present general usefulness of this volume.

COHN, E. J. & EDSALL, J. T.

Proteins, Amino Acids and Peptides as Ions and dipolar Ions. 686 pages. 1943 (Reprint 1965) \$16.50

One of the first attempts to characterize amino acids, peptides, and proteins: to examine the evidence concerning the size and shape of these molecules, and the number and distribution of the electric charges which they bear.

THORNDIKE, E. L.

Animal Intelligence. Experimental studies. Illus. index, 297 pages. 1911 (Reprint 1965) \$4.50

E. L. Thorndike "Was one of the first experimenters in animal psychology and developed such standard testing devices as the maze and the puzzle box." (Enc. Brit.)

REYNOLDS, S. R. M.

Physiology of the Uterus. 2nd rev. ed. 640 pages. 1949 (Reprint 1965) \$14.25

This work, long out of print, is now being reprinted with text corrections, new introduction and updated reading list.

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